

CLAIMS ONLY							Application Number 09/762765	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
2						51		
3						52		
4						53		
5						54		
6						55		
7						56		
8						57		
9						58		
10	1					59		
11						60		
12	1					61		
13						62		
14						63		
15	1					64		
16						65		
17						66		
18						67		
19						68		
20						69		
21	1					70		
22						71		
23						72		
24						73		
25						74		
26						75		
27						76		
28						77		
29						78		
30						79		
31						80		
32						81		
33						82		
34						83		
35						84		
36						85		
37						86		
38						87		
39						88		
40						89		
41						90		
42						91		
43						92		
44						93		
45						94		
46						95		
47						96		
48						97		
49						98		
50						99		
Total Indep	5					100		
Total Depend	11							
Total Claims	22							